

Bow Island & District Health Foundation Grant Application

Mission Statement

We believe that everyone is entitled to high quality care. We strive to improve the overall health of the communities we serve by providing enhancement to services through education and financial support of programs and projects.

Mandate of the Bow Island & District Health Foundation

To maintain and enhance health care in Bow Island & District and in particular to assist in financing equipment and programs for publicly operated entities through:

1. Solicitation and receiving donations
2. Raising funds to support programs and projects
3. Stewardship of donated and raised funds.

Grant Eligibility

All grant applications must fall within the government guidelines for the mandate of the Bow Island & District Health Foundation. Requests for funding for programs/projects falling outside of a publicly funded entity will be considered on an individual basis. If in doubt, please contact the Bow Island & District Health Foundation office. (Note – Alternative treatments for individuals are not within the mandate of the Health Foundation)

Applications for Grants Must Include:

1. Date of the request
2. Organization
 - a. Bow Island Health Centre – specify program or facility wide department
 - b. Community Health Services – specify program (e.g. Public Health, Home Care, Mental Health Services, etc.)
3. Contact & Approval - If the request is for use by or within a publicly funded organization (Department/Facility), the request must be authorized by the Manager in charge of the impacted area.
 - a. Complete contact information for the requesting organization or group including the name, phone number & email for the project contact person.
 - b. Approving Manager – please print the name of the approving manager followed by their signature
4. Complete the Request Category:
 - a. Equipment
 - i. Patient Care
 - ii. Other departments supporting patient care (e.g. FM&E, Food Services, Environmental Services, etc.)
 - b. Room enhancements
 - i. Furniture, window coverings, etc.
 - ii. Refurbishing (painting, renovations, etc.)

- c. Education
 - i. Clinical Workshops & Professional Conferences
 - 1. Reimbursement of registration fees only. Accommodation, meals and travel are not funded
 - ii. Equipment required for in-house continuing education
- 5. A detailed outline of the project, to include the method of evaluating the outcome.
- 6. Detailed budget including purchase cost, installation costs, ongoing operating and maintenance costs:
 - a. If applicable, the application should include price quotes from at least 3 different vendors – with the preferred supplier and the rationale for choosing that vendor identified.
- 7. Alternate sources of funding
- 8. A projected project completion date with anticipated submission date for a Project Completion Form.

Process For Grant Submission:

- 1. Complete the Bow Island & District Health Foundation Grant Application form in full and submit to the Foundation Office in person, by email (office@bidfoundation.ca) or mail to Bow Island & District Health Foundation, Bag 3990, Bow Island, AB. T0K 0G0
- 2. The application will be given consideration at the next scheduled Health Foundation meeting. Meetings are held monthly from September to June – with no regularly scheduled meetings in July or August.
- 3. Once a decision has been made, the applicant will receive a letter indicating the decision:
 - a. Approved with attached Project Completion Form
 - i. Purchases by publicly funded entities are ordered by the appropriate Manager and invoiced to the Bow Island & District Health Foundation for payment.
 - ii. Cheques are issued to the applicant as appropriate
 - b. More information required
 - c. Application denied with rationale

Project Reporting:

- 1. Upon project completion, the Completion Form must be completed by applicant and submitted to the Foundation
 - a. If the project involves equipment purchase or room enhancements, a photo must be attached to the completion form
 - b. If the project is funded by a specific service organization, the Foundation will arrange for a photo opportunity.
 - c. If the project involves individual staff education, a photo of the grant recipient with a short, written description of the course attended and how the education received will positively impact their clinical role.
- 2. Invoices for the project must be received within two years of project approval to be paid by the Health Foundation.

**Bow Island & District Health Foundation
Grant Application Form**

Date of Application: _____

Organization: ☐ BIHC – Acute Care ☐ BIHC – Alfred Egan Home ☐ BIHC – Continuing Care
☐ BIHC – Specify Department _____ ☐ EMS
☐ Community Health Services – Specify Program _____
☐ Other (Please specify) _____
Address: _____

Contact Person: _____ Phone Number: _____
Phone Number: _____ E-mail address: _____
☐ Approving Manager (print/signature) _____ / _____

Request Category:

☐ Patient Care Equipment ☐ Room Enhancements ☐ Education ☐ Palliative Care
☐ Other (please specify): _____

Detailed outline of the project (how the need was established and how you plan to evaluate the outcome)

Estimated date of project completion/submission of Project Completion Form: _____

Project Budget (purchase cost, installation costs, ongoing operating and maintenance costs) **NB.**
For equipment/room enhancements – please attach cost estimates from at least 3 vendors if possible)

Other sources of funding: _____

Foundation Use Only: Date Received: _____ Date Reviewed: _____
() Approved () Denied () More Information Needed

Comments: